GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4087
ANSWERED ON:03.12.2010
INSTITUTIONAL DELIVERIES
Patle Kamla Devi

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the institutional deliveries record have not shown any improvement backward States like Chhattisgarh during the last three years;

(b) if so, the details thereof and the reasons therefor; and

(c) the details of the steps taken/ proposed to be taken by the Government. in this regard?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GULAM NABI AZAD)

(a) to (c) The institutional deliveries in the country have increased from 47% in District Level Household and Facility Survey (DLHS-III) - 2007-08 to 72.9% in the Coverage Evaluation Survey (CES 2009) by UNICEF. The State of Chhattisgarh has also shown improvement in the institutional deliveries from 18.1% in DLHS-III to 44.9% in the Coverage Evaluation Survey (CES 2009) by UNICEF.

The National Rural Health Mission (NRHM) and under its umbrella, the Reproductive and Child Health Programme Phase II, seeks to improve the availability of and access to quality health care including Maternal and Child Health services particularly to rural population throughout the country, with a special focus on 18 States with weak public health indicators and weak infrastructure. Under this programme,the steps taken by the Government to reduce maternal mortality are:

1. Janani Suraksha Yojana (JSY), a conditional cash transfer scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women. The scheme has brought about significant increases in institutional delivery.

2. Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers (24X7) for round the clock maternal care services, including Ante-natal, Intra-natal and Post-natal care.

3. Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendant; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarean Section.

4. Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation. IF A tablets are distributed to pregnant and lactating woman through the Sub-Centre ANMs and through outreach activities at Village Health and Nutrition Days (VHNDs).

5. Appointment of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community;

6. Referral systems including emergency referral transport, for which the states have been given flexibility to use different models of referral transport for pregnant women to improve their access to health facilities and reduce delay in seeking health care.